

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI**

_____ ***DIVISION***

CIVIL COMPLAINT

)	
)	
)	
Enter above the full name of Plaintiff or Plaintiffs in this action)	
)	
VS.)	CASE NO. _____
)	
)	
)	
)	
)	
Enter above the full name of Defendant or Defendants in this action)	

I. Parties to this Civil Action

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any, on back side of this sheet.)

A. Name of Plaintiff _____

Address _____

(In item B below, place the full name of the defendant in the first blank, his official position in the second adding word blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.)

B. Defendant, _____ is employed as

_____ at _____.

C. Additional Defendants _____

II. Statement of Claim

(State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of **related** claims, number and set forth each claim in a separate paragraph. [Use as much space as you need to state the facts. Attach extra sheets if necessary.] **Unrelated** separate claims should be raised in separate civil actions.)

III. Relief

State briefly exactly what you want the Court to do for you.

Make no legal arguments. Cite no cases or statutes.

IV. Do you claim the wrongs alleged in your complaint are continuing to occur at the present time?

Yes **G** No **G**

V. Do you claim actual or punitive monetary damages for the acts alleged in your complaint?

Yes **G** No **G**

If you answered yes, state the amounts claimed and the **reasons** you claim you are entitled to recover money damages

VI. Counsel

Do you have an attorney to represent you in this civil action?

Yes **G** No **G**

A. Have you made any effort to contact a private attorney to determine if he or she would represent you in this civil action?

Yes **G** No **G**

- B. If you answered yes, state the names and addresses of the attorneys contracted, and give the results of those efforts.

- C. If you answered no, state your reasons why no such efforts have been made.

VII. Administrative Procedures

- A. Have the claims which you make in this civil action been presented through any type of Administrative Procedure within any government agency?

Yes **G** No **G**

- B. If you answered yes, state the date your claims were so presented, how they were presented, and the result of that procedure.

- C. If you answered no, give the reasons, if any, why the claims made in this action have not been presented through Administrative Procedures.

Signed this _____ day of _____, 20 ____

Signature of Plaintiff or Plaintiffs

VERIFICATION

State of _____)
)
County of _____)

_____, being first duly sworn under oath, presents that he is the plaintiff in this action; that he knows the contents of the complaint; and that the information contained therein is true to the best of his knowledge and belief.

Signature of Plaintiff or Plaintiffs

All parties must verify

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 __

Notary Public

My Commission Expires